



PATENT CASE NAME/No. 281-334

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Inventor: Burdick et al.

Serial No: 10/058,191

Filing Date: 10/26/01

Title: CAPACITIVE SENSOR

Group Art Unit: 2858

Examiner: Dole, Timothy J

**RESPONSE**

Commissioner for Patents  
P.O Box 1450  
Alexandria, VA 22313-1450

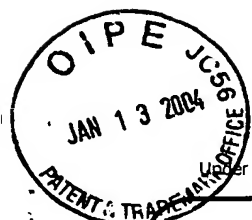
**RESPONSE TO THE EXAMINER'S OFFICE ACTION**

In response to the Office Action dated 10/9/03, designated as Paper No. 8 in the above-captioned application, please enter the following Remarks:

**Remarks** begin on page 2 of this paper; and

**Amendments to the claims** are reflected in the listing of claims which begins on page 10 of this paper.

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PTO/SB/21 (08-03)

Approved for use through 7/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	<b>Application Number</b>	10/058,191	
	<b>Filing Date</b>	10/26/01	
	<b>First Named Inventor</b>	Burdick	
	<b>Group Art Unit</b>	2858	
	<b>Examiner Name</b>	Dole, Timothy J.	
<b>Total Number of Pages in This Submission</b>		<b>Attorney Docket Number</b>	281-334

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group ( <i>Appeal Notice, Brief, Reply Brief</i> ) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) ( <i>please identify below</i> ): Return Postcard
<b>Remarks</b>		The Commissioner is authorized to charge any additional fees to Deposit Account No. 50-0289.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
<b>Firm and Individual name</b>	Wall Marjama & Bilinski, LLP Daniel P. Malley	Reg. No. 43,443
<b>Signature</b>		
<b>Date</b>	1/9/04	

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<b>Typed or printed name</b>	Kathryn A. Watson	
<b>Signature</b>		<b>Date</b> January 9, 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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